

No. W 13694 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Dec 31, 2002 Annual Report Form 1. Mailing Address - Correct in this box if applicable MAGIC HEALTHCARE PROVIDERS, L.L.C. PO BOX 1293 TWIN FALLS, ID 83303	2. Registered Agent and Office NO PO BOX JOHN KEE 650 ADDISON AVE WEST TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Managing Member	John Kee	P.O. Box 1293	Twin Falls	ID	83303-0409

5. Organized Under the Laws of: IDAHO W 13694	6. Signature <u><i>John Kee</i></u> Date <u>2-27-2003</u> Name <small>(Typed or Printed)</small> <u>John Kee</u> Title <u>Member</u>
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